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The Navy Psychologist

THE EDITOR'S PAGE

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As I begin my first issue as editor of The Navy Psychologist I want to thank CDR Doran and Dr. Johnson for their foresight in recognizing the need to revive this publication to assist our community, as well as their determination to enlist the support of so many in order to make this a reality. I believe TNP fills an information gap within our community and is an effective medium in keeping us connected and abreast of the dynamic events occurring. My goal is to continue to provide topics of interest and encourage greater dialogue within our community during my time as editor. I have discovered first hand the effort that goes into a publication such as this, and want to thank everyone who made it a priority to author an article, provide editorial support and insight, and lend their technical expertise in bringing this latest issue to fruition.

The theme for this issue is Operational Psychology. Regardless of where one is in terms of career progression or duty station, each of us is aware of the ever-present demand for psychologists to provide support in any number of operational venues. For many, the prospect of such a conversation with our Specialty Leader or Detailer may cause discomfort as the realities set in as to what this means on a personal level. Daily life and routines will likely be altered as we contemplate a simpler life imposed by geographical and environmental restrictions. Many jokingly refer to daily calendars being oriented to mealtimes, and one's day may revolve around one of three themes: Work, Gym, and Meals. And yet, with personal sacrifice comes professional fulfillment and recognition. As professionals, psychologists are being increasingly recognized for how we support operational forces. A review of the history of the clinical psychology community and the requirements for remaining professionally competitive reveals significant change in the past ten years.

If one were to ask what was needed to remain competitive for promotion prior to 1998, the answer would have been "an overseas assignment." Then, when the utility of having mental health resources aboard aircraft carriers became evident, the reply was "a carrier tour." Today, the response to the same question is likely to be "operational" or "deployment billets." However, these terms are becoming harder to define as we experience a blending in response to the dynamic demands being placed on the community. Contributors to this issue are psychologists that have been "operational" and/or have provided clinical services within a "deployed" setting. The goal is to provide a window within which readers can glimpse personalized experiences of these diverse assignments to better understand the unique challenges and experiences that we as a community are embracing in support of our operational forces. Each contributor is currently serving in an operational/deployed billet, or has transferred within the past 12 months. This issue is designed to provide readers with a contemporary perspective on these operational duties.

This installment of *Spotlight on Ethics* addresses an issue that we are all likely to encounter during our time on active duty—the ethical treatment of non-heterosexual military personnel. The authors provide a well grounded and reasoned approach in addressing this therapy issue. The hope is that this discussion will provide guidance with which all of us can maneuver these waters and provide top quality care while employing a thoughtful decision-making process.

CDR Brice Goodwin
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Psychology Specialty Leader
CAPT Martin Petrillo

From the Speciality Leader

Dear Colleagues,

As we sit back and enjoy the latest edition of the Navy Psychologist, there are a few matters to which we must all attend.

First, the promotion board list has been released for FY10. If you are in zone, it is imperative that you review your record, which you can easily do at BUPERS online by following the link or via the NKO website. http://www.npc.navy.mil/channels

Second, speaking of boards, I would encourage everyone to consider sitting on a board as a member or as a recorder. If you are interested, please contact our Detailer. Orders to boards are written by the Detailer and paid for by NPC. This is a great experience and can help you better understand the promotion process.

Third, I am sure most of you are patiently waiting for word on the status of specialty pays. The pay issue is being held up because of disagreements on the status of pays for veterinarians. How does veterinarian pay affect clinical psychologists? Well, the pay issue is being brokered by a tri-service working group that is compiling specialty pays for several professions, not just clinical psychology. The amount for clinical psychologists was agreed upon by the members, but until the veterinarian issue is resolved, we must continue to be patient. The working group is called the Health Professions Incentives Working Group and it uses the acronym HPIWG; pronounced “hippie-wig” (my favorite acronym of all time).

Finally, I would like to offer congratulations to two of our own. CAPT Richard Stoltz has been selected to be the next XO of the NHCNE and CDR Michael Basso (RC) has been selected as the XO of 4th Medical Battalion.

At this special time of year I would like to wish everyone all the best with prosperity and happiness for the New Year.

V/R
CAPT Petrillo

The Navy Psychologist will be archived at
http://www.bethesda.med.navy.mil/careers/navy_psychology/index.aspx

From the National Training Director

By CAPT ERIC GETKA, USN (ret)

As this edition of The Navy Psychologist (TNP) Newsletter goes to press, we are in the midst of the busiest period of the annual accession and training cycle. On January 13th and 14th, the Internship Professional Review Board will meet to identify the applicants whose names will appear on the MATCH list for the 2009-2010 internship classes at NNMC Bethesda and NMC San Diego. The two classes will have a total of twelve new interns who will enjoy the pleasures of Officer Development School prior to arriving at their respective internship sites next summer. In late February, a second Professional Review Board will convene to identify primary and alternate selectees for the two Navy positions in the USUHS Ph.D. program.

As promised in the previous edition of the TNP newsletter, I would like to introduce our two first year students in the USUHS clinical psychology program. ENS Nicole Panos and ENS Amanda Berg reported for classes this past August and are enduring the rigors of their first year at the university. ENS Panos is a former Navy healthcare administrator who was stationed at Naval Hospital Twenty-Nine Palms prior to matriculating at USUHS. She came to the USUHS program having obtained Masters Degrees in Organizational Leadership and Public Health, and establishing her reputation as a stellar Medical Service Corps officer. She has particular interests in eating disorders and posttraumatic stress. ENS Amanda Berg, a graduate of Ohio State University, was inspired to apply to USUHS by having friends in the Marine Corps who deployed to Iraq and by her volunteer work with families of deployed and returning Marines. In addition to her work with Marine Corps families, she has experience with anxiety disorders, bereavement counseling, and hospice care. It is a pleasure to welcome ENS's Panos and Berg to the Navy psychology community. We wish them all the best in their studies.

A new milestone in Navy psychology training was achieved recently with the arrival of the first two post-doctoral residents in general clinical psychology at Naval Medical Center, Portsmouth, Virginia. Our pioneering post-docs are LT's Brandon Heck and Amber Scott. CDR Dave Jones (Senior Psychologist), Dr. Tom Kupke (Psychology Training Director), and the psychology staff at NMC Portsmouth have designed an outstanding post-doctoral curriculum that reflects the latest thinking in psychology training. You can find out more about the post-doctoral residency program by visiting the Navy Psychology Accessions website at http://www.bethesda.med.navy.mil/careers/navy_psychology/index.aspx or by googling "Navy Psychology Accessions."

Future training plans include opening post-doctoral residencies at NMC San Diego and NNMC Bethesda in 2009 and 2010 respectively and re-opening the internship program at NMC Portsmouth in 2010.

We now have four avenues by which to gain entry to the Navy psychology community: the USUHS Ph.D. program, the internships, post-doctoral fellowships, and licensed direct accession. Discussions are underway with OOMSC and BUPERS aimed at re-instituting the Health Professions Scholarship Program for psychology. It is too early to say with certainty if and when the scholarships will become available but the idea has been received favorably.

Did you Know:
As of Nov 2008, 20% of all Navy Psychologists are Board Certified by ABPP?

This compares to 5% of all Psychologists in the general population

The Center For Deployment Psychology

Preparing Professionals to Support Service Members and Families

At the Uniformed Services University *of the Health Sciences*

If you have not already heard about, or attended, the Center for Deployment Psychology's (CDP) two-week training course on deployment-related behavioral health services to military personnel and their families, it is definitely something worth pursuing. The CDP was established in 2006 and was recently incorporated in the DoD's Center for Excellence. The training is held at the Uniformed Services University of Health Sciences (USUHS) in Bethesda, MD, and funding is provided by USUHS for all eligible personnel stationed in CONUS. Psychologists receive 40 hours of CEU's for attending the course, and the training and information is cutting-edge with regards to research and treatment into Traumatic Brain Injury and Post-Traumatic Stress Disorder.

The 2-week intensive course covers topics in areas identified by military mental health professionals as particularly key to the care of service members and their families.

Deployment 101: examines the deployment cycle with attention to the unique culture, expectations and experience of military deployment including the reintegration with family and community upon return.

1. Trauma and Resilience: addresses issues of psychological trauma and resilience particular to the experience of combat deployment. This section also includes information pertaining to the assessment and treatment of PTSD and other problematic responses to trauma.

2. Behavioral Health Care of the Seriously Medically Injured: participants are introduced to issues that arise when providing behavioral health care to individuals suffering from serious medical injuries and traumatic brain injury.

3. Deployment and Families: explores the unique impact of military deployment on family members including children.

For more information and resources please visit their site at:

http://deploymentpsych.org/index.html

Supporting live fire training for the Marines

PROMOTION AND OPERATIONAL DUTY FOR JUNIOR OFFICERS

BY LT'S J. PORTER EVANS AND JOHN CHRISTIAN

Recently there has been much discussion regarding deployment opportunities and clinical practice in operational settings. However, little has been written on how these operational opportunities translate to Fitness Reports, and ultimately, promotion opportunities. From a promotion perspective, one's professional success during a given tour is often based on Fitness Reports, awards received, and qualifications achieved. This article will briefly discuss the salient factors contributing to promotion in an operational unit.

UNDERSTAND THE LAY OF THE LAND:

It is crucial to understand how officers are likely to be ranked or compared within an operational environment. For example, on a Carrier, a psychologist is rated against all other MSCs of the same rank for the purposes of determining those that will be rated as Must Promotes verses Early Promotes. However, Psychologists' Member Trait Average is determined by comparing them with all other Officers of the same rank, regardless of designator, to obtain the Summary Group Average. As a result of this ranking process it is critical to understand who one is competing with, and what ones professional relationship is to these individuals. As an example, while your supervisor may be your primary advocate, you may also have significant interactions with those who participate in the ranking process and help to determine your overall standing within the group. The most common example of this is providing consultations to senior officers outside of your department, who can advocate for you at these boards.

When practicing in a USMC command, it may be necessary to explain to your senior officer how the Navy Staff Corps promotion system works in comparison to the Marine Corps. In this situation, the CO relies heavily on his Senior Medical Officer (SMO) to explain these issues and help him or her rank individuals accordingly. Furthermore, the SMO may or may not have experience working with psychologists and thus may not understand the promotion challenges that we face within the MSC community. Thus, it is important to maintain good relationships with your chain of command and ensure that they are aware of the critical and relevant career issues.

DISPEL MYTHS:

In operational settings there often exists a misperception that all Medical Providers (i.e. anyone with the title Dr.) are planning to leave active duty as soon as their contract expires, therefore rendering ranking unimportant. In other words, this belief leads to a practice of "let's give the good marks to those that are planning to stick around." An additional misperception is that since one is a doctor, one can leave the Navy at any time to pursue lucrative job offers. The line community often believes that our community has a high promotion rate, since the Medical Corps generally does, and many are unaware that we are not Medical Corps but Medical Service Corps. These myths can be particularly harmful as they provide justification for ranking someone else ahead of you, regardless of performance. Therefore, it is important to educate those who are ranking you on your career intentions, community promotion rate, and civilian opportunities.

UNDERSTAND EXPECTATIONS:

While operational commands expect you to practice competently, some may also expect you to engage in collateral duties and achieve various qualifications. What expectations does your direct supervisor have for you? What did your predecessor do well and what could he or she have done better? It is critical to understand these expectations and develop a strategy on how to meet or exceed these expectations.

SHOW GENUINE INTEREST IN THE MISSION:

We have many tremendous opportunities as Navy psychologists to serve in settings where individuals are having a direct impact on national security. Generally, there is a great deal of commitment and pride among the members of the command relating to their work. As psychologists, we are more effective when we share this enthusiasm for their work and show an interest in learning about it. Line Officers and Enlisted Personnel tend to enjoy working with individuals who show a sincere appreciation for their work and therefore will be more willing to help those individuals in their career.

In closing, the active duty psychologist must understand and address Fitness Report issues when attached to an operational unit. One should not assume that if one performs well they will be appropriately compensated. While there are many ways to judge the success of a tour, often it is the "paper" or fitness reports that determine one's promotion. While our clinical practice is foremost in our minds, as career-minded officers we must also understand and actively participate in the many facets that affect our advancement.

Deploying to EMF Kuwait

By CDR John Ralph

Camp Arifjan, Kuwait

Although deployments are a fact of life in the Navy Psychology community, not all deployments are created equal. Having just returned from Kuwait, I offer this brief summary of my experiences there.

Expeditionary Medical Facility Kuwait (EMFK) is located on a sprawling Army base in central Kuwait called Camp Arifjan. Easily the largest US installation in the country, Camp Arifjan boasts three dining facilities, several fast food outlets, a movie theater, two gyms and a large outdoor swimming pool. The base serves primarily as a staging area for supply convoys heading north into Iraq. It is populated mostly by Army personnel, but every other branch of service and several foreign militaries are also well represented.

EMFK is tasked with providing medical care to the 30,000 service members based in Kuwait as well as others medevac'd from elsewhere in theater. The command also encompasses several branch clinics located at smaller bases throughout Kuwait. Mental health personnel are assigned to one of two sites: Camp Arifjan, which is located in the south, or Camp Buehring to the north. Camp Buehring is only a few miles from the Iraq border and is typically the last stop for units as they make final preparations for lengthy deployments to Iraq or Afghanistan. As of this writing, Camp Arifjan is manned by one psychologist, two psychiatrists, one psychiatric nurse and three to four psychiatric technicians. Camp Buehring is typically manned by a one psychiatrist, one prescribing provider (currently a psychiatric nurse practitioner), one psychiatric nurse and two corpsmen. Whereas Camp Arifjan functions much like any small outpatient clinic in the States, Camp Buehring functions similar to a mental health ER. The population of Camp Buehring is transient and most patients are walk-ins. Appointments typically include a decision as to whether or not the individual is Fit to move north into Iraq.

The workload at EMFK, while busy, is manageable and often tends to be less stressful than the typical workload at most MTFs. Since EMFK is not an MTF, it is not subject to Joint Commission requirements and is free of many of the administrative burdens that haunt our workdays in the States. The facilities are new; EMFK recently moved out of tents into a hardened facility with all of the amenities. The atmosphere is also very collegial. Most providers at EMFK arrive in one of two "waves" after having trained together at Navy Expeditionary Medical Training Institute (NEMTI) in Camp Pendleton. This course is under two weeks long and tends to be less intense than the 3-week Navy Individual Augmentee Combat Training (NIACT) Course at Fort Jackson. Although brief, NEMTI provides plenty of time to get acquainted with fellow deployers, so upon arrival in theater there is already a close knit group established.

The living conditions are also very comfortable compared to most places in the CENTCOM AOR. Although previously all O-5s and below lived in open-bay berthing, this has recently changed. Now all O-4s and above are given their own rooms (usually a container called a POD), and many O-3s as well. Given the manageable workload, there is usually a good deal of time to enjoy the base – with the gym and free movie theater being the most popular after-hours destinations.

EMFK is not for everyone. If you're looking for action, it is definitely not the place. There are no mortars falling in Kuwait, and although it is officially within the combat zone, there is never a feeling of being in combat. As such, that feeling of being particularly relevant, which is a hallmark of most operational deployments, can be lacking in Kuwait. In fact, many providers report feeling underutilized, and some long for more excitement, free from the Groundhog Day monotony of the Kuwaiti desert. If you're not looking for excitement, however, Kuwait is likely to be a satisfying deployment for you.

If you have questions about this experience, please call me at 301-295-2459 or send an email to john.ralph@med.navy.mil. The Desert awaits!

Boots on the Ground: Life as an IA in GTMO

By Dr. Jessica Mohler

My deployment began in a commercial airport surrounded by many other providers, nurses and corpsman from my hospital. We were considered Individual Augmentees, but most of the faces were familiar which made leaving our families a little easier. We were headed west across the country to an Army post for training even though our eventual location was just south of where we were located. As we began training, I soon understood that although I was traveling with friends and acquaintances, I was also going to be their psychologist, and performing a much different role than they would be. They would all be working with detainees, while I would be helping them and, therefore, would need to monitor my interactions so that if they needed help, they would feel comfortable accessing it. How would I socialize and talk about myself when I knew they may end up sitting across from me in my office? As training progressed and the staff became more aware of their future responsibilities of taking care of detainees, it also became evident that I was not part of the group. They were going to be performing a difficult job in which their safety would be risked on a daily basis, while I would not be. My office would be outside of the barbed wire and security where people felt safe, yet this was the group I was trying to establish relationships with as I would also be away from my family, and knew I would need a social network. Although as psychologists, we are used to balancing our roles when faced with dual relationships, I walked a fine line between jumping in and being part of the group, and holding back so they were comfortable talking to me in private.

When training was completed, I was ready and looked forward to the upcoming experience. We arrived in GTMO dressed in our BDU's very late in the night. Walking off the military plane, it felt like I was somewhere different; the air was hot and humid and we were surrounded by lots of security. It was not until I arrived at my two-bedroom townhouse with only one housemate that I began to think this experience may be different than other deployments. My new housemate had decorative curtains and pillows, and candles all over the townhome, not exactly difficult living. The next morning as I was picked up, ready for my first day, and driven to my worksite, we passed all types of military, USA, USN, USAF, people who were full time active duty, reservists and national guardsmen. This met my expectations of a joint environment, however, the children and families we passed seemed unusual among the high security and dangerousness of the job that had been described.

It felt peculiar to be deployed in a stressful working environment when everyone was going through a different experience. Some were living with their families while others were separated from loved ones for over a year. As well, families were allowed to visit if you could afford the plane flight and accommodations. Although this was a great option for some, it also created an increased perception of unfairness. These themes were often presenting concerns as soldiers and sailors performing the same job had different rules to follow, different living environments and different pay scales. Communicating this message to the families at home was also difficult as members talked about going to the beach on the weekends or hanging out by the pool while their spouses took care of the family and household. When a patient developed good coping skills and became more active in his or her environment, it sometimes caused conflicts back home as it seemed as if the member was having too much fun. As the psychologist, this also pushed me to consider my own actions as the activities I participated in were noticed by many. The opportunities for dual roles seemed numerous as I lived in the same small environment as my patients and had some opportunities for a balanced lifestyle.

My own expectations for deployment shaped my initial reactions, but as time passed and I learned about my specific role, I adapted to "my deployment" and provided the best service and support that I could. Certainly as psychologists we are well prepared to understand the environment and deal with difficult decisions while taking care of our patients and ourselves.

Navy Medicine in the News:

Fighting for Life

USU in the news: http://www.usuhs.mil/vpe/USUinthenews.pdf

"Fighting for Life," a documentary by two-time Academy Award-winning filmmaker Terry Sanders, is a portrait of American military medicine. The film tells the story of USU and shows students at the University on their journeys towards becoming military physicians and nurses.

The gripping documentary uses compelling footage, including images from the current conflicts in Iraq as well as interviews with current USU students, to illustrate U.S. Military medical personnel's dedication to providing the best possible care for those in harm's way both on and off the battlefield.

Fighting for Life interweaves three stories:

- Military doctors, nurses and medics, working with skill, compassion and dedication amidst the vortex of the Iraq War.
- Wounded soldiers and marines reacting with courage, dignity and determination to survive and to heal.
- Students at USU, the "West Point" of military medicine, on their journey toward becoming career military physicians.

For more information about the "Fighting for Life," including a trailer, visit www.fightingforlifethemovie.com.

Spotlight! Navy psychology doctoral student trains aboard a deployed aircraft carrier. GradPsych. American Psychological Association of Graduate Students. November 2008. http://gradpsych.apags.org/2008/11/sea.html

Mt Etna, Sicily

Rio de Janeiro

Transiting through the Straights of Magellan

SPOTLIGHT ON ETHICS: THE CASE OF THE DON'T ASK DON'T TELL DILEMMA

BY LCDR CARRIE H. KENNEDY, W. BRAD JOHNSON AND LT YAMILE JANA, WITH INPUT FROM LCDR THOMAS LEAK, JAGC

The following Spotlight On Ethics topic originated in response to a Navy Psychologist's recent experience during Stage 3 of the American Board of Professional Psychology's (ABPP) Exam, with the vignette serving as an example of an ethical dilemma that was encountered in clinical practice followed by a discussion of how it was eventually resolved. The particular vignette addressed the issue of disclosure of homosexuality by an active duty service member to their therapist. During this discussion with the board members from ABPP, the Navy psychologist maintained the position that she/he would not disclose the client's sexual orientation to higher authority due to: (1) the ethics guidelines; (2) consultation with an ethics expert and other military psychologist colleagues, and (3) guidance from the psychologist's licensing board with regards to record keeping. The discussion that ensued between the Navy psychologist and board members revealed what appeared to be a misunderstanding of the reporting requirements as well as board members' application of the Ethical versus Legal requirement which is different than the practice/clinical application that is followed by many military psychologists. As a result of that discussion, and the likelihood that military psychologists will encounter a similar scenario at some point in their careers, it was felt that this topic would be important and relevant to many, and would serve to provide information and guidance in their future practices (BG).

Background: A 25-year-old, male LTJG, with 3 years of active duty service presented for care due to passive suicidal ideation in the context of personal stressors. During the course of treatment, the client disclosed that he had recently come to terms with the fact that he was homosexual, a reality he had been denying for quite some time. He related that his decision to join the military was partially influenced by his sexuality, as he hoped that the military might somehow fix this "problem." While he found himself struggling to accept the fact that he was gay, he also found himself in the military. He noted difficulties in not having a standard support group as he could not confide in his active duty friends, as well as continued difficulties coping with the fact that he was young, homosexual and trying to find his place in the world. He has had a successful career so far and is highly motivated to continue his military service.

The Conflict: The primary ethical dilemmas are dual agency and multiple relationships. Dual agency exists when the treating military psychologist (obligation to the patient) is placed in a position where they may also be required to report their client's sexual orientation (obligation to the Department of Defense). The issue of multiple relationships (provider and military officer) is pertinent as it is problematic to serve as a treating psychologist and a person obligated to report patient conduct.

The Ethical Analysis: The analysis of this case first requires a good understanding of the law pertaining to homosexuality and military service. The Policy Concerning Homosexuality in the Armed Forces (2004, United States Code, Title 10, Section 654) sets forth criteria for separation from the military, namely that the service member "engaged in, attempted to engage in, or solicited another to engage in a homosexual act…that the member has stated that he or she is a homosexual or bisexual, or words to that effect, unless there is a further finding, made and approved in accordance with procedures set forth in the regulations, that the member has demonstrated that he or she is not a person who engages in, attempts to engage in, has a propensity to engage in, or intends to engage in homosexual acts…that the member has married or attempted to marry a person known to be of the same biological sex." The Naval Military Personnel Manual breaks this down more succinctly with the following causes for separation: "(1) engaged in a homosexual act; (2) married or attempted to marry a person of the same biological sex; or (3) stated that he/she is a homosexual or bisexual, or made other statements indicating a propensity or intent to engage in homosexual acts" (2008, MILPERSMAN 1910-148).

The second stage of this ethical analysis requires consideration of the psychologist's dual obligations given patient treatment needs, pertinent law, and military instruction, while avoiding harmful multiple relationships. Using a Best-Interest Approach, the psychologist's goal is to meet the needs of the active duty patient while remaining mindful of military policies and requirements.

Establishing the Best Interests of Both Entities: With respect to the best interests and treatment needs, the patient requires a supportive environment where he can discuss his sexual orientation and how to integrate this component of his identity effectively, while successfully continuing his military service. Similarly, it will be in the best interests of the military to retain an effective military officer.

Determining Whether Best Interests Can Be Met: I (WBJ) would like to offer an analysis of this issue from the perspective as a past ethics committee member (although I offer my own perspective here, not that of the APA Ethics Committee). In my view, the best response will be centered in the psychologist's understanding and thoughtful application of Standard 1.02 in the APA Ethics Code (APA, 2002) as it might pertain to working with Gay, Lesbian, or Bisexual persons in the U. S. military. Standard 1.02 of the APA Code was intended to prevent psychologists from running afoul of the law (e.g., going to jail) when attempting to abide by the Ethics Code. Specifically, forensic psychologists who were ordered by a judge or court to release records—perhaps in violation of the Ethics Code's standard on confidentiality—were given the option of following the law, even when the law appears to conflict with the Code. (Continued on page 10)

SPOTLIGHT ON ETHICS (CONTINUED)

Having said that, make no mistake, Standard 1.02 does not require a psychologist to abide by a law when the law runs counter to the Ethics Code: "If a psychologist's ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is irresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority."

When it comes to the DoD policy on non-heterosexual orientation: Don't Ask, Don't Tell (DADT), I have never encountered an active duty clinical psychologist who has or would report a client's sexual orientation. DADT merely specifies the grounds for separation, it does not specify who is obligated to make reports of sexual orientation and the current head of the Navy Law section at the Naval Academy has never encountered an instance in which a medical provider—someone outside the service member's chain of command—has felt compelled to offer evidence bearing on client orientation.

In addition, there are several excellent ethical reasons for refusing to report a client's sexual orientation (e.g., Standard 3.04: Avoiding Harm, Principle A: Beneficence and Non-malfeasance, Principle E: Respect for People's Rights and Dignity). In my view, it would be entirely appropriate for a military psychologist not to report a client's sexual orientation on the basis of the psychologist's assessment that there is a high probability for harm to the client. Further, DADT is rooted in political compromise, not scientifically-informed policy. In fact, all available scientific evidence suggests no credible rationale for barring gay, lesbian, or bisexual persons from service. A psychologist might reasonably find that supporting DADT violates both the spirit and the letter of the Ethics Code. In this case, Standard 1.02 would not require the psychologist to abide by the law, understanding that the psychologist may face legal consequences—although the probability of this happening is remote—for this decision.

There is another compelling legal argument for not reporting client sexual orientation. DADT case law has been extended to "Don't Ask, Don't Tell, Don't Pursue" meaning it is simply not appropriate to seek out information about a service member's specific orientation or relationship activity. In order for a military client to make sexual orientation reportable, he or she would have to provide specific details of sexual activity with a same-sex person. Therefore, it is quite likely that a psychologist could provide ongoing psychotherapy to a non-heterosexual client, even discussing the experience of being gay, lesbian, or bisexual in the military, without ever hearing any detail about sexual activity.

Final Thoughts: There is a longstanding debate regarding the issue of homosexuality and military service. The military psychologist should keep abreast of this debate, and in accordance with Standard 1.02, consider ways to help resolve this discrepancy between ethics and law. There are several proactive steps that military psychologists can take to help ensure that their work with non-heterosexual active duty patients is both cognizant of federal law and likely to promote clients' best interests:

(1) Know current federal laws and military policies bearing on sexual orientation and military service, and recognize that statutes bearing on military separations do not necessarily obligate medical providers—including psychologists—to report a client's sexual orientation.

(2) Remember Standard 3.04 of the Ethics Code and whenever possible, do no harm; "psychologists take reasonable steps to avoid harming their clients/patients...and to minimize harm where it is foreseeable and unavoidable."

(3) Employ a careful and ongoing informed consent process. Written informed consent material should include mention of both DADT and the limits of confidentiality for client records. Moreover, military psychologists must be prepared to discuss their own approach to addressing sexual orientation disclosures in therapy when clients ask about this or when it becomes apparent that a client is preparing to begin discussing orientation in the context of therapy.

(4) Use maximal caution when creating documentation in a client's record. Rarely is it necessary or important to make a written statement about a client's sexual orientation. This approach is congruent with DADT and allows the psychologist to prevent unintended disclosures should a client's record be accessed by others—a frequent occurrence in the military medical system.

(5) Consider continuing education courses related to working with GLB persons so that you are prepared to deliver competent care to these service members—even if your work is brief and focused on making helpful referrals.

(6), Develop referral networks in your local vicinity so that active duty clients have options for pursuing fully confidential services related to sexual orientation.

(7) In response to Standard 1.02 of the APA Ethics Code, find ways to make the incongruence between ethical obligations (e.g., doing no harm, providing competent care) and federal law bearing on GLB persons clear to key persons in your chain of command when ethics and law conflict. Remember that the APA Ethics Code does not require you to abide by a law that you find to be in conflict with the Code of Ethics. Psychologists may adhere to the Ethics Code rather than the law but they should be willing to accept legal consequences as a result of this decision.

(8) It is always wise to seek legal consultation when issues surrounding a client's sexual orientation create conflict with a chain of command. A JAG officer experienced with this issue can be an invaluable resource in avoiding impulsive or harmful decisions.

For further reading on this topic, please see:

Johnson, W. B., & Buhrke, R. (2006). Service delivery in a don't ask don't tell world: Ethical care of gay, lesbian, and bisexual military personnel. *Professional Psychology: Research and Practice*, 37, 91-98.

The First 30 Days: Surviving Aboard an Aircraft Carrier

By LT Yamile Jana

With only 11 aircraft carriers in our US Navy, billets are competitive for active duty clinical psychologists for what promises to be the experience of a lifetime -- an exciting, life-altering, albeit challenging and at times even daunting experience!

There is much to say about surviving your first 30 days aboard an aircraft carrier, so in order to get you packed and ready for your own experience, I present you with a candid look at my own personal experiences to include a glimpse of some of my most embarrassing moments during my first 30 days.

Work hours: Your length of day and number of days worked depend on two things: whether you are in port or underway. While in port, you typically work shorter days to allow time to spend with family in preparation for the upcoming underway period. While underway, it was not uncommon to work seven days a week with an average workday lasting 16 hours. This was a result of many things, including: bringing the clinic up to speed, getting seasick, getting lost, meeting key players in my Chain of Command, getting lost again, catching up with a large backlog of patients, getting lost again, responding to emergencies, getting lost again, starting to learn the ship's structure, and getting lost some more! My overall initial reaction was culture shock! This is akin to what one might experience when visiting a foreign country. The language and traditions of its people, although fascinating, are very different from those we are accustomed to dealing with on a daily basis, and require a process of transition, which, in a high stress environment may create anxiety in those used to functioning at high levels of competence. Over time, I have watched others join the ranks – even the most stable will experience some adjustment difficulties and it is important to expect it and allow room for it, as it is a natural part of the adjustment process. Imagine, if it happens to us, how it must be for those Sailors who lack the necessary coping skills. This is but one example of the kind of resources you can provide when you go aboard a ship, as I have witnessed it to be one of the top reasons Sailors present for help.

Entering and Exiting the Ship/The Brow: When I first checked on board the Command, one of the first things I studied was how to enter and exit the ship. On the last day of that first week, I arrived, like every day prior that week…at approximately 0645. I walked up the ladder and across the brow. As I came to a full stop, faced aft and rendered what I considered a sharp salute, I suddenly heard these words, as though coming from the sky: "There is no flaaaaaaaag. Welcome to the Navy, Lieutenant." Embarrassed, I looked back hoping no one had seen what I had just done, but only to realize I had just stopped a 50 person pedestrian traffic across the brow. Lesson learned: The flag is not raised until 0800 and is lowered at sundown.

Additional Tips: There is a two week Surface Warfare Medical Department Officer Indoctrination Course (SWMDOIC) that you should request prior to reporting to your ship, which prepares you when you show up to your ship. Moreover, you are not in a hospital. You are ship's company. Don't be there to just be a psychologist. Be part of the ship. Talk with your Senior Medical Officer about getting your pin, and about how to set a balance between being a psychologist and other shipboard duties – he/she will help you.

Your Stateroom: Most likely you'll share a room with one other officer. The racks will be bunk style. If you are "lucky" you will get the top bunk. Getting into the top rack requires a double maneuver on a chair, which my roommate taught me but which I still had a difficult time reaching because I am petite. As a result, I overextended my hip and bruised my thigh during my first attempt, and had to take Motrin for three days. My first ship's journal entry, which I wrote after climbing on my rack the first night of being underway, or the family version of it, was: "You've got to be kidding me. I'm too old for this stuff."

The Days Turn Into Nights … Turn Into Days: It's groundhog day! When your hours are so long, the truth is that everyday starts to look the same. Pretty soon, you are not able to tell the days apart. And the only way you can do so is by the food that is served in the Ward Room. For example, our Ward Room serves Tacos on Tuesdays, Pizza on Saturdays and a fabulous Brunch on Sundays! The rest of the days seem a blur, and as much as you might want to tell the Wardroom to change up the menu, you're afraid that if you ask them to do so, your entire concept of time will fly out the window. The Wardroom is a fantastic place where you meet great people and form beautiful bonds. There is nothing quite like it! It is a place where people meet for meals, coffee, snacks, desserts, or just conversation. Where else can you grab a plate of food and approach a group of strangers, say "may I join you" and hear an "absolutely" as a response? I bet you couldn't do this at a local pancake house without getting arrested. Topics are diverse, entertaining, and you never have to cook for yourself or do the dishes. Humor becomes your companion. You learn to rely on each other. You become shipmates in the truest sense of the word. So, prepare yourself to build some of the most solid and diverse relationships of your career.

Comforts – Your Personal Tool Box: As a soldier comes to battle with his gear, you too need to bring a personal tool box with your comfort items. This will be very personal to you. For some it is filled with Movies, TV series, your Ipod, Laptop, Wii, meditation tapes, or cigar collections. Communicate with the outside world. There is nothing like getting packages and letters from your loved ones. One of my friends would purposely send me the ugliest, most embarrassing things in packages. It was actually uplifting under these circumstances and I appreciated it more than anyone could imagine, so much so that these things hang in my office like artwork. I remember my boss asking me one day "Are you sure your friends like you?" It made my day!

Internet access is sporadic and slow. You will not have access to your yahoo or gmail accounts so make plans in advance. The only email access you will have will be the ship's email. Similarly, once you leave the ship, you will not have access to the ship's email, so you will need to use your personal account.

Exercise equipment is everywhere – but you have to figure out when to go based on your preferences and make it part of your daily routine.

Everything is constantly changing so if you can keep a few things constant, things will be better. There is so much work to do that if you allow people to bombard you, you'll be working 24 hours a day. It is not healthy to do this – you need to put your oxygen mask on first before you put it on someone else.

Personal Privacy: There is no privacy. This was quite an adjustment for me. You will parade your mesh laundry bag past hundreds of people who see into things you don't particularly want them to see. You will work with the people you eat with, shower next to, exercise with, and get medical care from. You are surrounded by people constantly.

You are going to make mistakes. Allow yourself room for that. You're going to get lost. It's unavoidable. Learn to develop the ability to laugh at yourself. Do not think that to be respected you must have all the answers. Humility will go a long way. Much like "Harold and the Purple Crayon," you take your crayon and go back to the drawing board when things don't turn out the way you anticipated.

I love my team aboard the aircraft carrier. It is an honor to serve with them!

BAHRAIN…THE UNRECOGNIZED DEPLOYMENT

By LCDR Saitzyk & HM2 Tong

Imagine touching down in Bahrain at the height of summer (or really anytime between May and October) after 48 hours on the "rotator." Exiting the aircraft, it feels like being in a sauna with a hairdryer pointed at you. "Just take me to the BOQ," I say to my sponsor. She brings me to a five star hotel. It's not because I'm an Admiral or anything. This hotel is for all personnel E-4 and above. I sleep just a few hours every night, so I wonder if I'm hallucinating when on Wednesday night the population seems to double. "It's all the folks from Saudi," she tells me, "their weekend starts on Thursday." I learn we are the only "wet" country in the Middle East. So while they're out until all hours on Wednesday, I try to get some sleep for a work on Thursday. It's DCUs by day and Las Vegas by night. This is the strangest deployment I've ever heard of. Unlike our counterparts in Kuwait, Qatar, and certainly Iraq and Afghanistan who are required to wear their game faces and DCUs ALL the time, we lead dual lives in Bahrain. And while I have enough years on the planet to handle the juxtaposition, most of the population (and thus most of my patients), Master-at-Arms, ages 19-25, who carry M-16's as part of their uniform of the day, have a much harder time.

Substance use, particularly alcohol, is a serious problem in Bahrain, where there is nearly unlimited access at minimal cost, and the drinking age is 18. A large part of the base population is comprised of junior security personnel, who are armed with M-16's on a daily basis. This is the first duty station for many young sailors, who have little military experience, as well as a relatively short list of life experiences. Being placed on a base thousands of miles from everything they have ever known can put them under tremendous stress. Maladaptive coping skills combined with a lowered drinking age is a recipe for problems. Drinking, immaturity, impulsivity, and feeling disgruntled, or any other adjustment issue, leads to lots of "risk management" concerns, and a good deal of work for the sole psychologist/base consultant on board. To date we are without SARP providers. The MA community is often unsure about how to deal with red-tagging and re-arming, and will call upon you for guidance. Further complicating the issue is an instruction that states a waiver is required when personnel are taking any psychiatric medications.

Your caseload also consists of more "seasoned" personnel with a history of deployments in hazardous areas who may have a particularly difficult time with this deployment. The tasks performed at this duty station are the same as those required in places such as Iraq, Afghanistan, and Guantanamo Bay, and many of those serving here have previously served in those locations. During their last deployment they may have been responsible for arresting, guarding, or providing medical care to people who had little respect for our country or culture. In GTMO, your patients may have spent six to 12 months with detainees threatening to kill them or their families, or taking every possible opportunity to inflict harm or embarrass with a "cocktail" (a projectile containing a combination of bodily fluids). In a quick turn of scenarios, service members in Bahrain are forced to mix and mingle in a Muslim community, which can make it challenging to feel accepted, or even comfortable being in the environment. There are constant reminders of previous bad experiences, and it can be incredibly difficult for some to let down their guard and integrate with the surrounding community.

You are the sole psychologist in Bahrain, which means 24/7 call for all 70+ tenant commands, and ships in the AOR. You also serve two "Masters" – NAVCENT 5th Fleet Force Surgeon and USNH Sigonella. As such, you will be expected to respond to every incident on base and for the fleet transiting this area, and typically with little notice. Often ships have the expectation the clinic can handle the severely mentally ill, and suicidal or homicidal patients.

The truth is the clinic and local community have fewer resources than most ships, which means constant education to ships and 5th Fleet on where to send their more seriously ill mental health patients. Mental health care in the local community is practically nonexistent. While some local hospitals have agreed to house acute patients until they can be medevac'd, the therapeutics of hospitalization are questionable. The most typical method includes placing the mentally ill patient on a nursing ward consisting of observation by the floor's nursing staff. There is no therapeutic "milieu" due in part to the language/cultural barrier. Visits from mental health professionals who speak English are limited, meaning most of the time spent in the hospital involves no treatment.

NHC Bahrain is quite small, with only a handful of other staff corps officers, which makes consultation with colleagues more challenging. Fortunately, highly skilled corpsmen, IDCs, and chiefs are prepared to take the lead. Due to the clinic's high op tempo and stressful environment, staff members at the clinic also call on you for guidance and support. One of the biggest challenges to being a psychologist is maintaining confidentiality in this operational environment. The greatest reward, however, hands down, is the close relationship you develop with the other providers, including your Psych Tech. What you are doing is vital; you are "it" to serve base personnel, the fleet, and your fellow clinic staff. It's been a tremendously rewarding experience for me, and I've relished the positive relationships I've developed with locals who have been very friendly toward Americans, and with western coalition personnel also stationed here.